



Performing an Oral Cancer Examination

Oral or Pharyngeal Cancer Incidence and Survival

- 30,000 Americans will be diagnosed this year
- Only half will survive more than five years.
- Approximately 8,000 deaths will occur this year

Early Detection Saves Lives

- Early detection and timely treatment could dramatically reduce deaths.
- Five-year survival rates:
 - Localized disease at diagnosis – 76%
 - Metastasized disease – 19%
- Early detection of oral cancer is often possible
- Tissue changes in the mouth can be seen and felt easily

Warning Signs

- Possible precursors to cancer:
 - Leukoplakia (white lesions)
 - Erythroplakia (red lesions)
 - Less common than leukoplakia
 - Greater potential for becoming cancerous
- No resolution after two weeks:
 - Reevaluate
 - Consider biopsy

Other Possible Signs and Symptoms

- A lump or thickening in the oral soft tissues
- Soreness or a feeling that something is caught in the throat
- Difficulty chewing or swallowing
- Ear pain
- Difficulty moving the jaw or tongue
- Hoarseness
- Numbness of the tongue or other areas of the mouth
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable

Other Possible Signs and Symptoms

- If these problems persist for more than two weeks:
 - Thorough clinical examination
 - Laboratory tests, as necessary (biopsy)
- If a definitive diagnosis cannot be obtained, referral to the appropriate specialist is indicated

Risk Factors

- Tobacco/Alcohol Use: Tobacco and excessive alcohol use increases the risk of oral cancer
 - Using both tobacco and alcohol poses a much greater risk than using either substance alone
- Sunlight: Risk factor for lip cancer
- STDs: HPV type 16

Risk Factors

- Age: Incidence increases steadily
 - Peaks in persons aged 65-74
 - For African Americans, incidence peaks about 10 years earlier
- Gender: 2:1 (men:women)
- Race: More frequent in African Americans
- Nutrition: Vitamins A, C & E, carotene, and Iron

Examination Overview

- Take a history of alcohol and tobacco use
- Thorough head and neck examination at each dental visit and general medical examination
 - Esp. those who use tobacco or excessive alcohol
- Use the head and neck exam illustrated in this program
- Follow up any possible signs or symptoms of oral cancer

Tools and Time

- Exam abstracted from WHO standardized oral examination method
- Consistent with CDC and NIH method
- Requirements:
 - Adequate lighting
 - Dental mouth mirror
 - Two 2" x 2" gauze squares
 - Gloves
 - Seated patient
 - Removal of intraoral prostheses
- Should take no longer than 5 minutes

Extraoral Examination

Face



Perioral and Intraoral Soft Tissue Examination – Lips



Perioral and Intraoral Soft Tissue Examination – Labial Mucosa



Perioral and Intraoral Soft Tissue Examination – Labial Mucosa



Buccal Mucosa



Buccal Mucosa



Gingiva



Tongue Dorsum



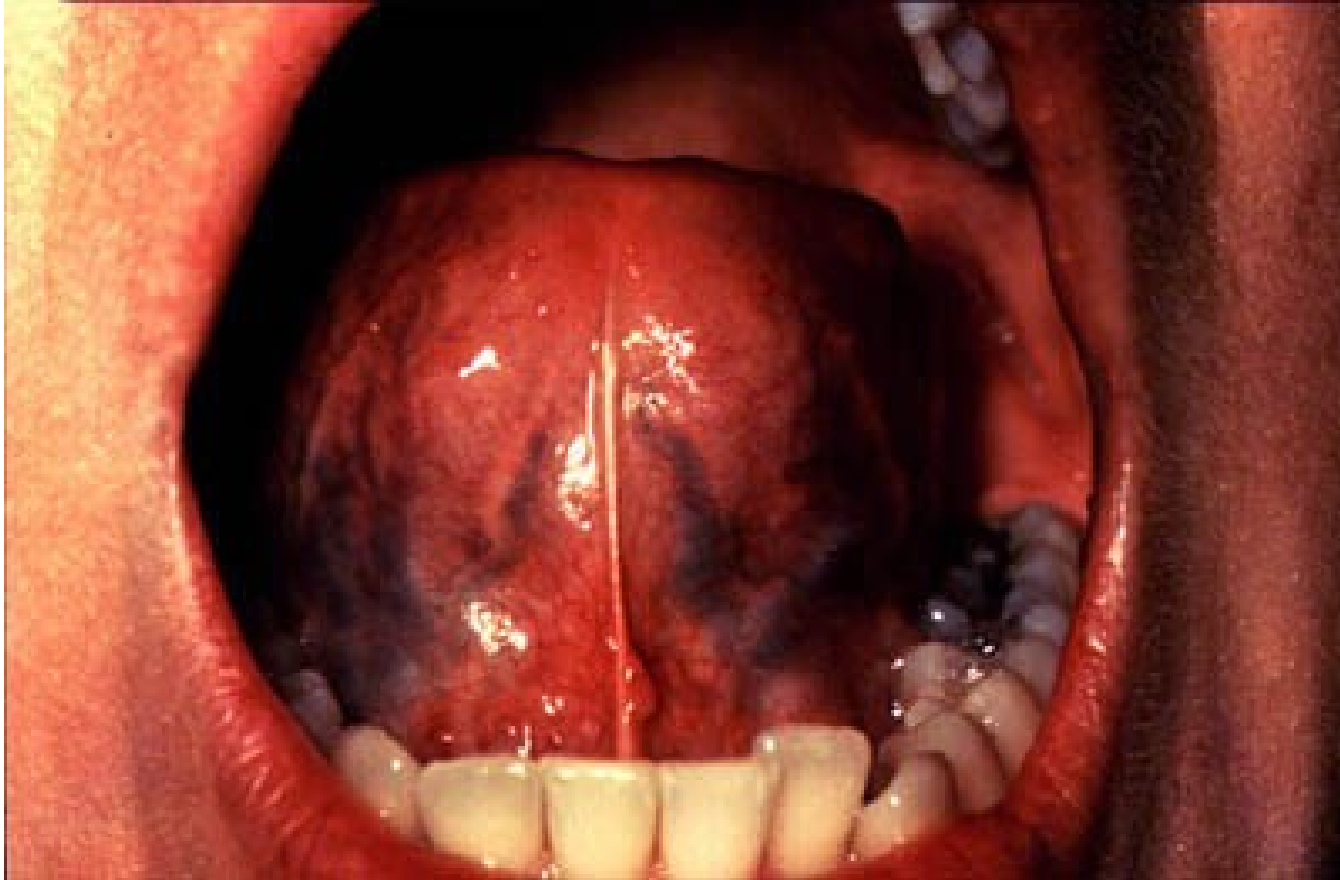
Tongue Left Margin



Tongue Right Margin



Tongue Ventral



Floor



Hard Palate



Oropharynx

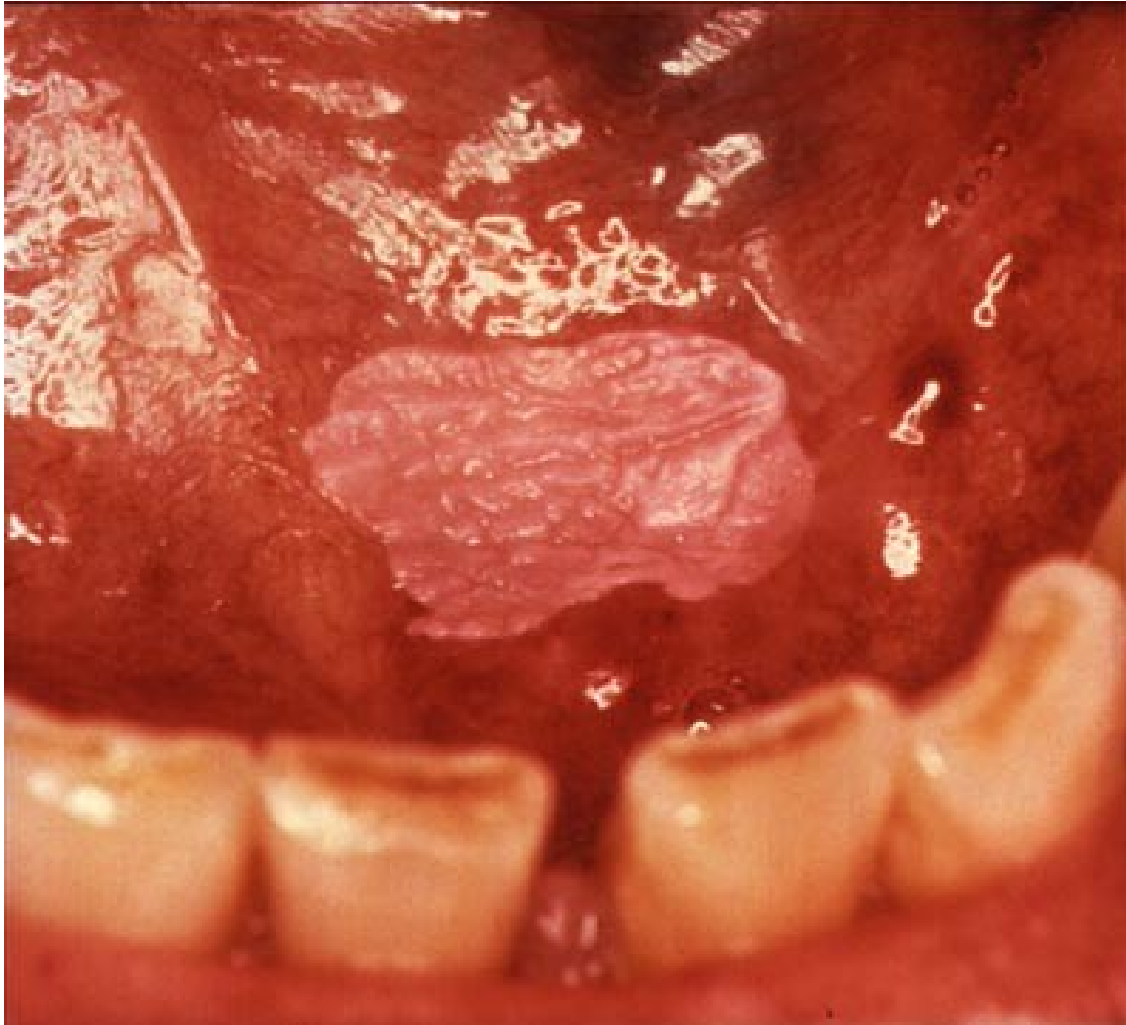


Palpation

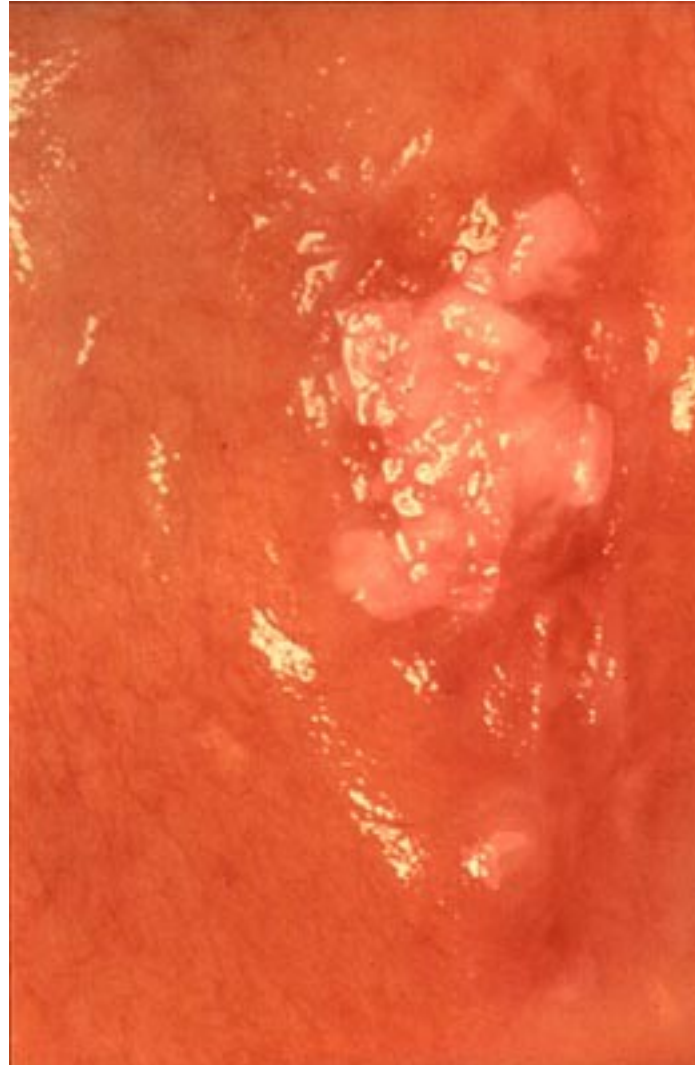


Examples of Oral Lesions Suspicious for Oral Cancer

Homogenous Leukoplakia



Leukoplakia with Early Squamous Cell Carcinoma



Nodular Leukoplakia with Severe Epithelial Dysplasia



Erythroleukoplakia with Candida Infection



References



Information and illustrations obtained from the National Oral Health Information Clearinghouse (NOHIC) materials *Detecting Oral Cancer: A Guide for Health Care Professionals*, which was developed by the National Institute of Dental and Craniofacial Research. The program is not copyrighted and may be reproduced.

<http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/OralCancer/DetectingOralCancer.htm>

Additional information was obtained from the ORAL CANCER BACKGROUND PAPERS, Prepared for the National Strategic Planning Conference for the Prevention and Control of Oral and Pharyngeal Cancer, August 7-9, 1996, Chicago, Illinois.

<http://www.cdc.gov/OralHealth/conferences/oc-bgpapers.htm>

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